

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER SEARCH/EXAMIN.		AFTER ALLOWANCE	
	WKO.	OCP.	WKO.	OCP.	WKO.	OCP.
1	/					
2		/				
3						
4						
5						
6						
7						
8	/					
9		/				
10						
11		/				
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL WKO.	2					
TOTAL OCP.	10					
PTOTAL	12					

	WKO.	OCP.	WKO.	OCP.	WKO.	OCP.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL WKO.
TOTAL OCP.
TOTAL